



Order for Sleep Diagnosis and Treatment

Orders can be faxed to 301-694-0657

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NCCPA Certified

Patient Information:

Patient First Name: _____ Last Name: _____ DOB: _____

Address: _____

Home Phone: (____) - _____ - _____ Work Phone: (____) - _____ - _____

Primary Insurance: _____ Secondary Insurance: _____

Physician Information:

Ordering Physician: _____

Phone: (____) - _____ - _____ Fax: (____) - _____ - _____

Diagnosis: _____

Comprehensive Care Plans:

COMPLETE COORDINATION OF CARE Initial consultation, orders for sleep tests, evaluation of results, patient follow up, and RX or referral for any treatment, including CPAP, medication, dental appliance, surgery, etc.

Post-Sleep Study Coordination of Care Consultation after abnormal sleep study, including evaluation of sleep study results, patient follow up, and RX or referral for any treatment, including CPAP, medication, dental appliance, surgery, etc.

Individual Procedures:

SLEEP STUDIES -

Polysomnogram (PSG) Overnight polysomnogram performed which includes recording three channels of EEG, two channels of eye movement, one channel of chin EMG, nasal pressure transducer for airflow, tracheal microphone, chest expansion, diaphragmatic excursion, EKG, leg EMG, body position and SAO2. This is the standard test indicated for sleep apnea, snoring, restless legs syndrome or narcolepsy.

Split-Night Polysomnogram Overnight polysomnogram (see above) for approximately two hours, followed by CPAP titration if the apnea hypopnea index is above 20/hour, or if desaturations are consistently below 85%. Split-night PSG is indicated for patients with a high probability of sleep apnea.

CPAP Titration Full night polysomnogram with CPAP titration. CPAP titration test is indicated for patients with documented sleep apnea.

Multiple Sleep Latency Test (MSLT) Daytime study consisting of a series of naps to document daytime somnolence or narcolepsy. A polysomnogram is typically performed the prior night to rule out the possibility of other sleep disorders.

- AND -

TREATMENTS -

CPAP Set-Up Includes lifetime (99) RX for machine (indicate pressure), mask, cushion, headgear, tubing, filter, heated humidifier and patient care instructions with 1 week, 3 month and 6 month follow up.

Special Requests: _____

Dr. Bakker to interpret sleep study unless requested otherwise on this order form.

The above referenced patient has an absolute medical necessity for the item(s) listed above, based on the above preliminary diagnosis. I certify that the above prescribed item(s) is/are medically indicated and, in my opinion, reasonable and necessary with reference to the standards of medical practice and treatment of this patient's condition.

Ordering Physician's Signature: _____ **Date:** _____

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Note to Patients:

This is an order form from your provider for services. Please verify with your insurance carrier that you don't need to also bring a separate insurance referral form with you to your first appointment at our office.